

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John H. Bohyski

Town

Dayton

County

Howard

MARYLAND

Date

of death 190

3 Aug

Month

Day

23

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Anton Bohyski

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Bessie Sullivan

Mother's  
Birthplace

Md

Name of person giving  
In formation

Father of Child

How related  
to deceased

Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

105

How long

3 Months

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

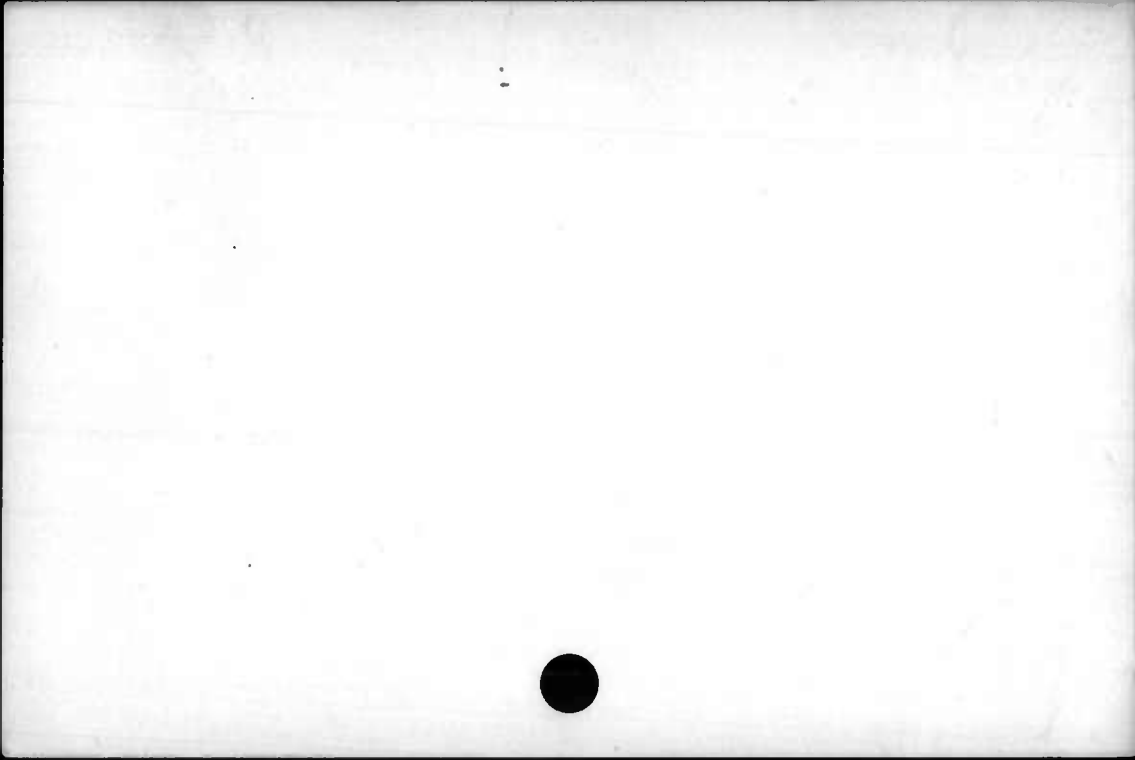
Yes

Signature of  
Physician

Address

S. A. Nichols  
Dayton, Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> Town			<i>Howard</i> County			MARYLAND	
Date of death 1903		Month <i>Aug</i>	Day <i>20</i>	Age <i>95</i>	Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i>Nesley Burkett?</i>							
Father's Name <i>—</i>						Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>						Mother's Birthplace <i>—</i>	
Name of person giving information <i>Remus Dorsey</i>						How related to deceased <i>Grandson</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Breakdown</i>	How long <i>154</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>W. W. L. Cissel</i>	
Address <i>Highland Md.</i>	
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

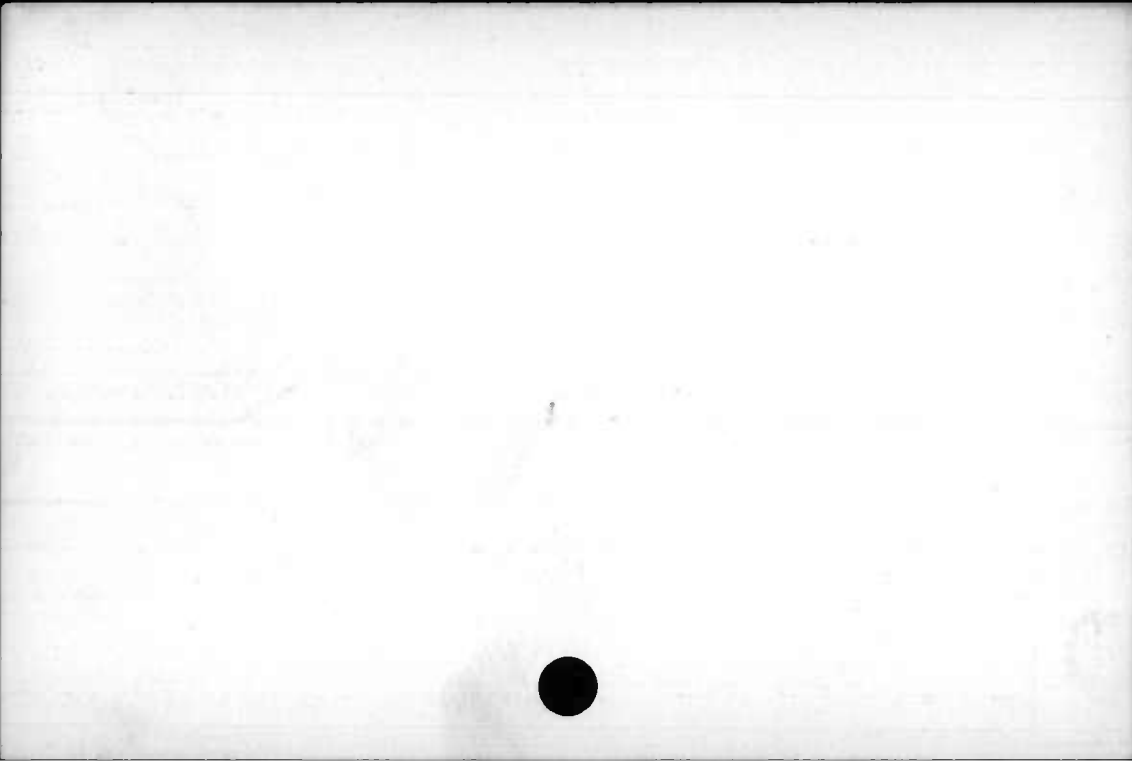
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James Carter</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND					
Date of death 1903		Month <i>August</i>		Day <i>20</i>		Age <i>1</i>		Months <i>4</i>		Days <i>4</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>							
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>							
Name of Wife or Husband <i>—</i>											
Father's Name <i>James Carter</i>						Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Maria Fuller</i>						Mother's Birthplace <i>..</i>					
Name of person giving information <i>Father</i>						How related to deceased <i>—</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fractured ribs</i>		How long <i>8 days</i>	
Immediate <i>Pneumonia</i>		How long <i>8 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. J. Byrne</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide?			



Name  
in  
Full

Henrietta Cook

## CERTIFICATE OF DEATH

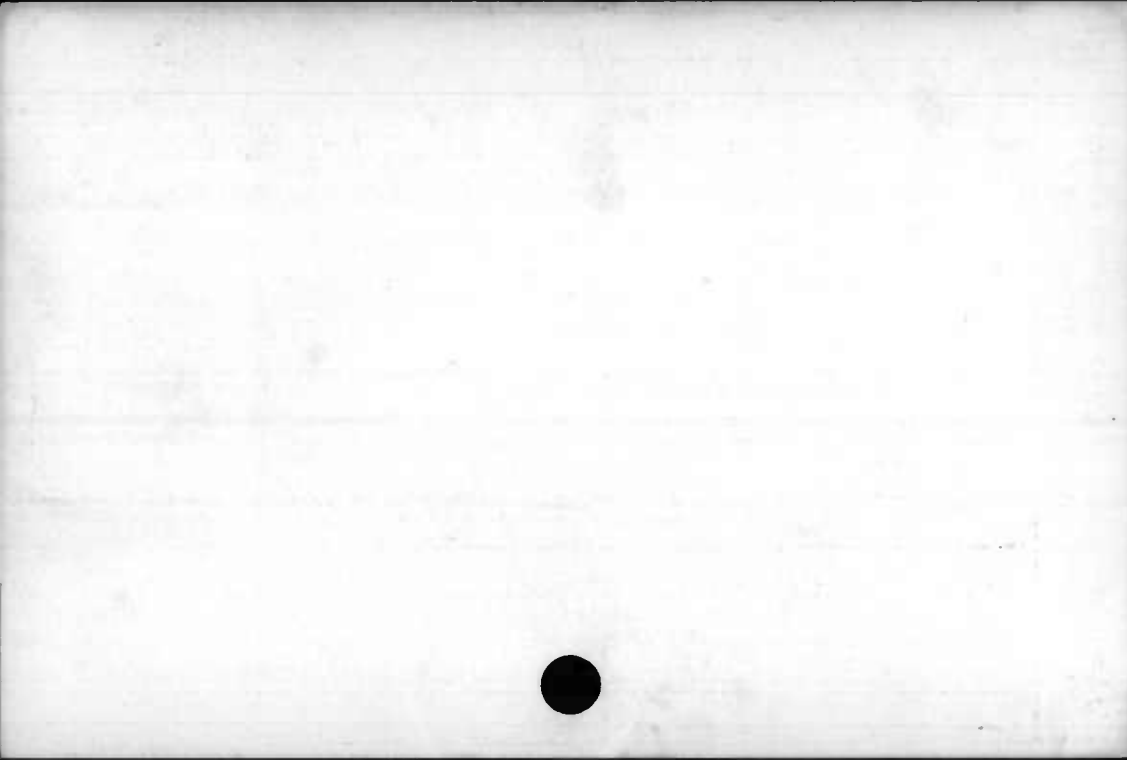
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cilroak</i> <small>Town</small>		<i>Honard</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>28</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>House Keeper</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Snowden</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lucy Hill</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Caroline Harris</i>			How related to deceased <i>daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular heart disease</i>	How long	<i>2 years</i>
Immediate	<i>79</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John B. Brown</i>	
		Address <i>Union City, Md</i>	
Accident or Suicide?			

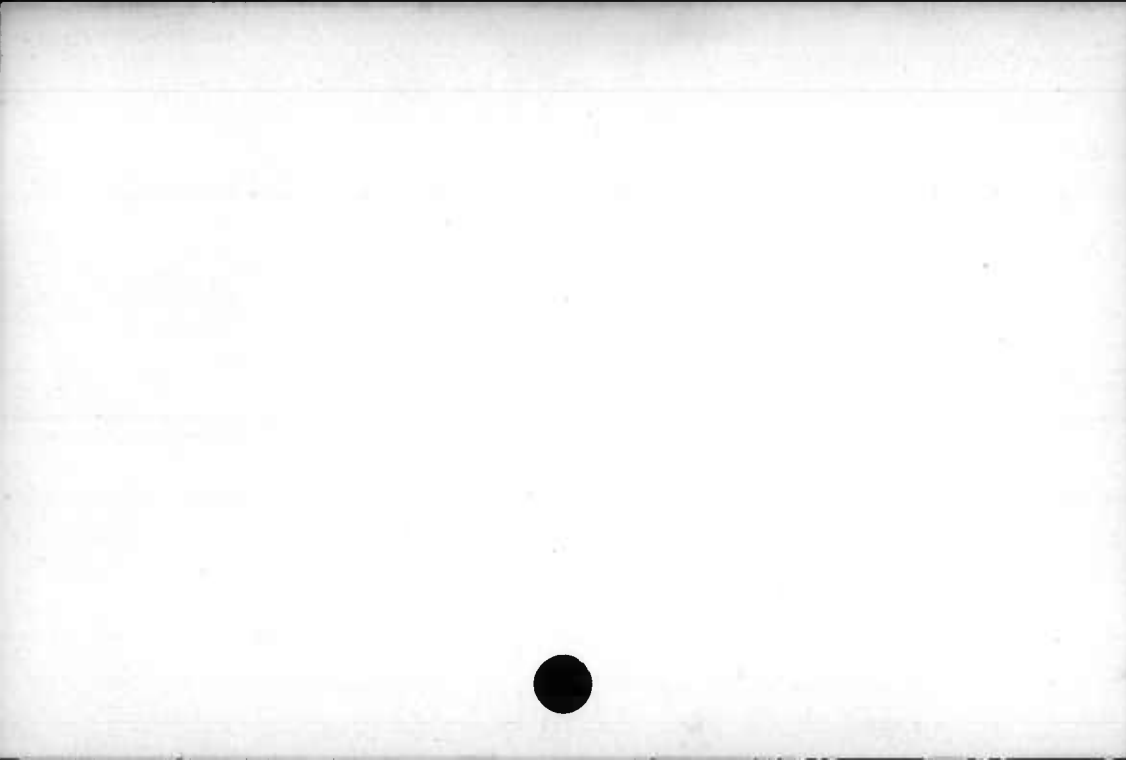




Name in Full <b>Raymond Dorsey</b>		CERTIFICATE OF DEATH	
Died at <b>Athelton</b> <small>Town</small>		<b>Howard</b> <small>County</small>	
Date of death 190 <b>3</b> <small>Month</small> <b>Aug</b> <small>Day</small> <b>20</b> <small>Age</small> <b>3</b> <small>Years</small> <b>3</b> <small>Months</small> <b>3</b> <small>Days</small>		MARYLAND	
Sex <b>Male</b> <small>Color or Race</small> <b>Colored</b>		<small>Birth-place</small> <b>Athelton</b>	
<small>Married, Single or Widowed</small> <b>—</b>		<small>Occupation</small>	
<small>Name of Wife or Husband</small> <b>—</b>			
<small>Father's Name</small> <b>John Newton Dorsey</b>		<small>Father's Birthplace</small> <b>Ind</b>	
<small>Mother's Maiden Name</small> <b>Mrs J W Gardner</b>		<small>Mother's Birthplace</small> <b>va</b>	
<small>Name of person giving information</small> <b>Alice C Dorsey</b>		<small>How related to deceased</small> <b>G Mother</b>	
CAUSES OF DEATH			
<small>Primary</small> <b>Cholera Infantis</b>		<small>How long</small> <b>8 days</b>	
<small>Immediate</small> <b>Convulsions</b>		<b>9 hours</b>	
<small>Are the name, age, sex, color, date and place correctly given above?</small> <b>Yes</b>		<small>Signature of Physician</small> <b>Chas R Wilson M.D.</b>	
		<small>Address</small> <b>Simpsonville</b>	
<small>Accident or Suicide?</small>		<b>Ans</b>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

John ~~Bratter~~ Gosnell

Town

County

Died at

Jones town

Howard

MARYLAND

Date 18

90 3

Aug

1

Age

78

10

20

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Sarah ~~Gosnell~~ Kearney

Wife

Father's

Name

Jesse Gosnell

Mother's

Name

Mary Woods

Cause of

Primary

Senile Debility

How long sick

Two days

Death

Immediate

Diarrhoea

15

~~Accident, Suicide, Homicide~~

Reported by

J. Taseyl Vallemeyer, M.D.

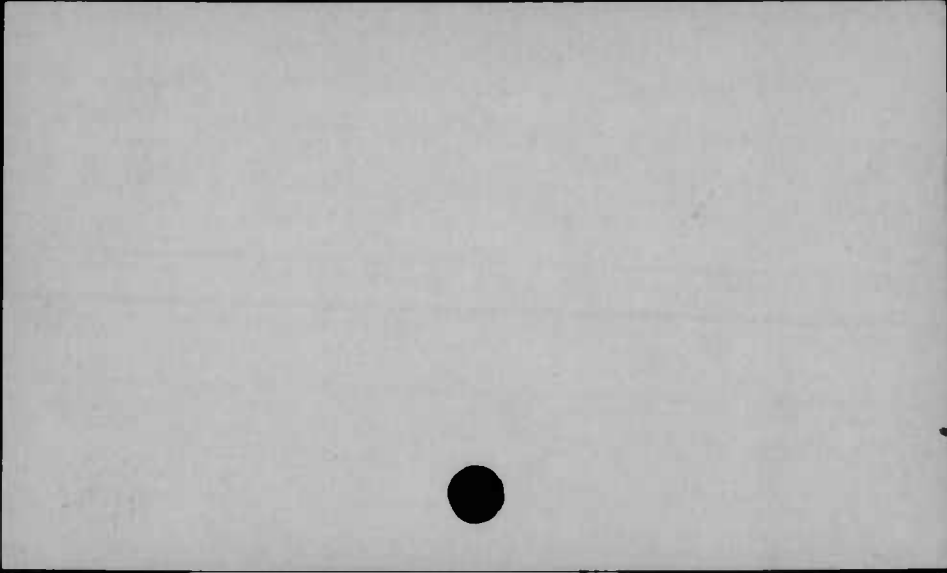
Address

Sub-Reg

Alberton Md  
Dorchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name  
in  
Full

Catherine Minerva Hillsinger

## CERTIFICATE OF DEATH

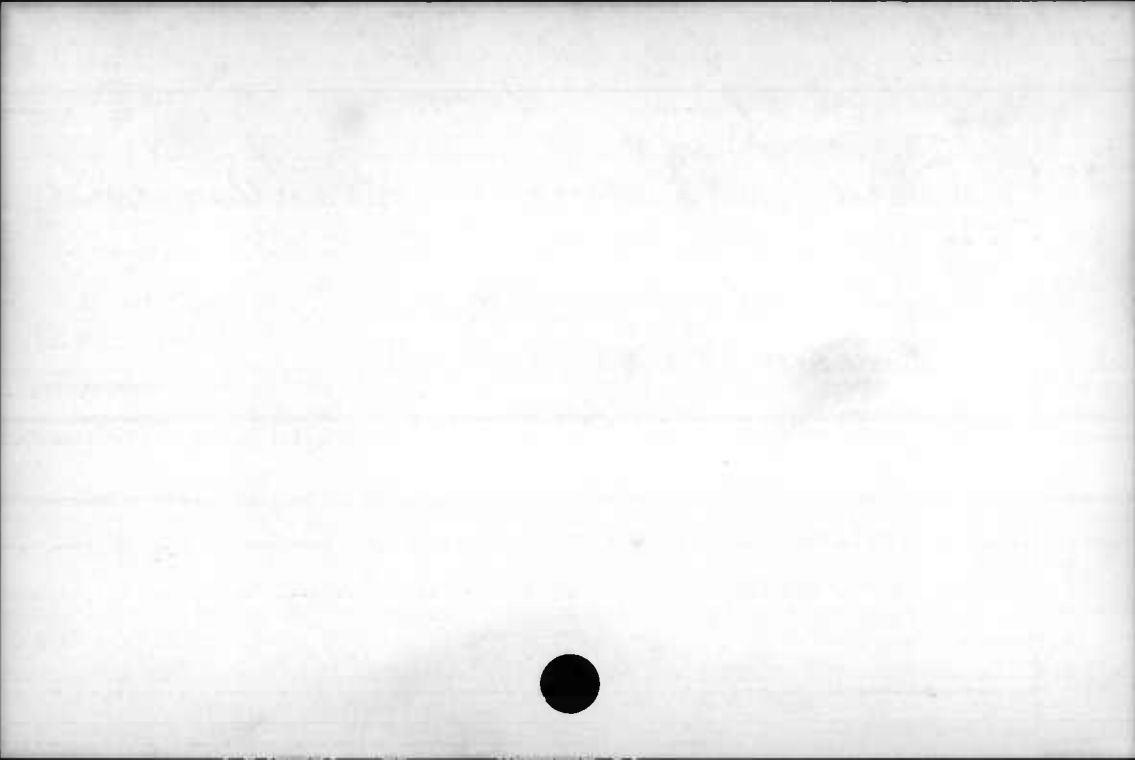
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elliott City</i>		Town- <i>Harvard</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>August</i>	Day <i>17th</i>	Age <i>21</i>	Years	Months <i>9</i>	Days <i>(2)</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
<del>Married</del> Single <del>or Widowed</del>			Occupation <i>—</i>				
Name of White or <del>husband</del> <i>Leonard A. Hillsinger</i>							
Father's Name <i>Coretto J. Temmerink</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Leonard A. Hillsinger</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Leonard A. Hillsinger</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Two days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John T. Langen</i>
	Address <i>Elliott City</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

*Amelia S. Linticum*

Town

County

Died at

*Savage*

*Honor*

MARYLAND

Date 189

*13*

Month

Day

Y.

M.

D.

Native of

Occupation

*8 25*

Age

*14*

*6*

*21*

*Ind*

*Quinn*

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

*John W. Linticum*

Mother's

Name

*Annie Friday*

Cause of

Primary

*Typhoid Fever*

How long sick

*7 mks*

Death

Immediate

*Acute Congestion*

~~Accident, Suicide, Homicide~~

Reported by

*M. Linticum M.D.*

Address

*Savage*

*Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GEORGE





Arthur M<sup>c</sup>LeaneDied at <sup>Town</sup> Alpha - <sup>County</sup> Howard - MARYLAND

Date 19 03 - 8 - 10      Age 78 - 4 -      Native of Maryland      Occupation Farmer

Male      White      Married      Widow      Divorced

Female      Colored      Single      Widower      Number of children living 5 -

Husband of Ruth Elizabeth Hobbs

Father's Name William M<sup>c</sup>Leane      Mother's Maiden Name Adesah Peck

Cause of Death { Primary General Debility      How long sick 4 weeks -

Death { Immediate Exhaustion      Accident, Suicide, Homicide

Reported by John W. Stahl & Son

Address West. Friend ship 154

Letter to my dear friend  
John Smith  
New York  
1871



Name  
in  
Full

## CERTIFICATE OF DEATH

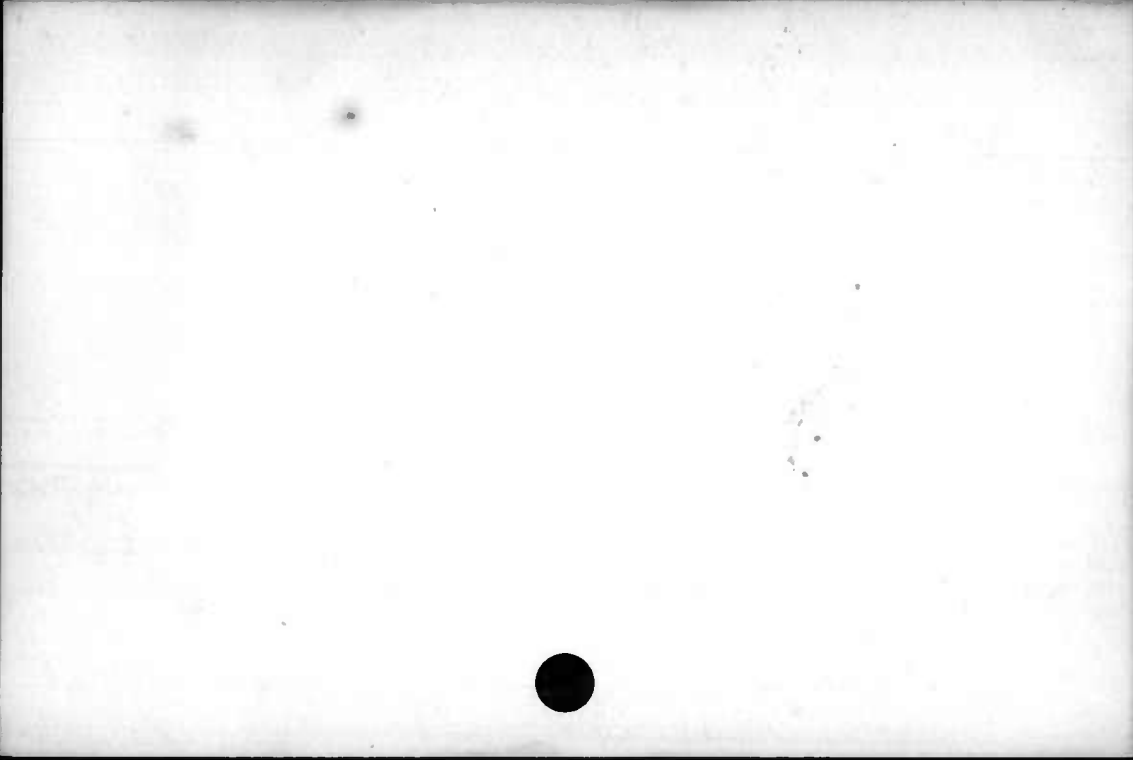
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>8</i>	Age <i>38</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>None</i>					
Father's Name <i>— Not known</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>— Not known</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Rose Higgins</i>			How related to deceased <i>Grand-niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Horse kick in abdomen</i>		How long	<i>Rupture of liver - 48 hrs</i>
Immediate	<i>Exhaustion</i>		How long	<i>(Internal Hemorrhage) progressive</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>N. H. L. Cusell</i>
		Address	<i>Highland, Md.</i>	
Accident or Suicide?		<i>Accident</i>		



Name  
in  
Full

Marguerite McKim Marriott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Elk Ridge</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death 1903	<u>Aug-</u> <sup>Month</sup>	<u>20</u> <sup>Day</sup>	Age <u>52</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>Married</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>X</u>					
Father's Name <u>John McKim Marriott</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary Cruse Wilson</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Wm. H. Marriott</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Int. Nephritis</u>	How long	<u>120</u> <u>Several years</u>
Immediate	<u>Syncope - (Cardiac)</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>		Signature of Physician <u>M. R. Eareckson</u>	
		Address <u>Elk Ridge, Md</u>	
Accident or Suicide? <u>—</u>			

Stewart & Morosue

215 Park Ave

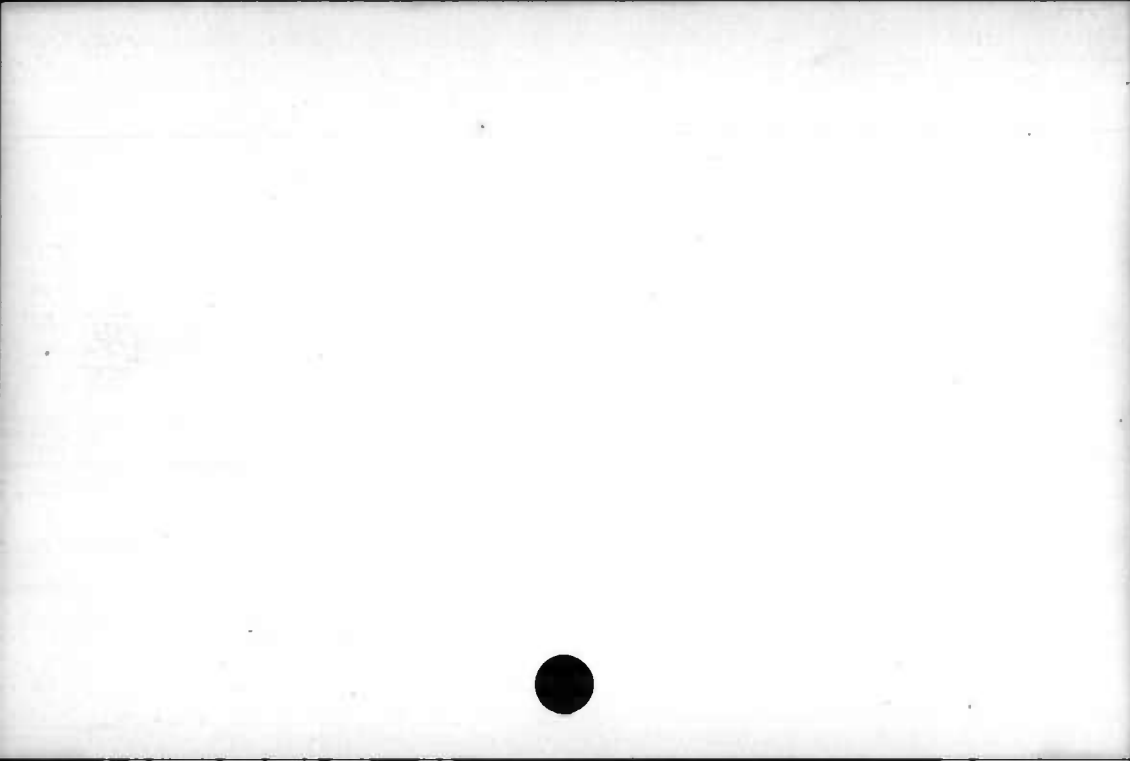
Bald Md

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Undertaker

Place of Burial • Green on green  
land

Name in Full <b>Albert Frank Miller</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Town</b> <i>Simpsonville</i>		<b>County</b> <i>Herrard</i>		<b>MARYLAND</b>
	<b>Date</b> of death 190 <i>3</i>	<b>Month</b> <i>Aug</i>	<b>Day</b> <i>3</i>	<b>Age</b> <i>—</i>	<b>Months</b> <i>7</i>
	<b>Sex</b> <i>Male</i>	<b>Color or Race</b> <i>White</i>		<b>Birth-place</b> <i>Md.</i>	<b>Days</b> <i>20</i>
	<b>Married, Single or Widowed</b> <i>Single</i>		<b>Occupation</b> <i>—</i>		
	<b>Name of Wife or Husband</b> <i>—</i>				
	<b>Father's Name</b> <i>Gothie Miller</i>		<b>Father's Birthplace</b> <i>Germany</i>		
	<b>Mother's Maiden Name</b> <i>Antonia Gentry</i>		<b>Mother's Birthplace</b> <i>Germany</i>		
<b>Name of person giving information</b> <i>Gothie Miller</i>		<b>How related to deceased</b> <i>Father</i>			
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	<b>Primary</b> <i>Marasmus</i>		<b>How long</b> <i>5 mths</i>		<i>105</i>
	<b>Immediate</b> <i>Convulsions</i>		<b>How long</b> <i>3 hours</i>		
	<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>Yes</i>		<b>Signature of Physician</b> <i>W. W. L. Cissel</i>		
			<b>Address</b> <i>Highland, Md.</i>		
	<b>Accident or Suicide?</b>				





Name In Full

Certificate of Death

William Morgan

Died at <sup>Town</sup> West Friendship <sup>County</sup> Howard MARYLAND

Date 1903- Aug - 25 - Age 74 - <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Maryland <sup>Occupation</sup> Engineer

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
~~Female~~ <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup> 1

Husband  
of  
Wife

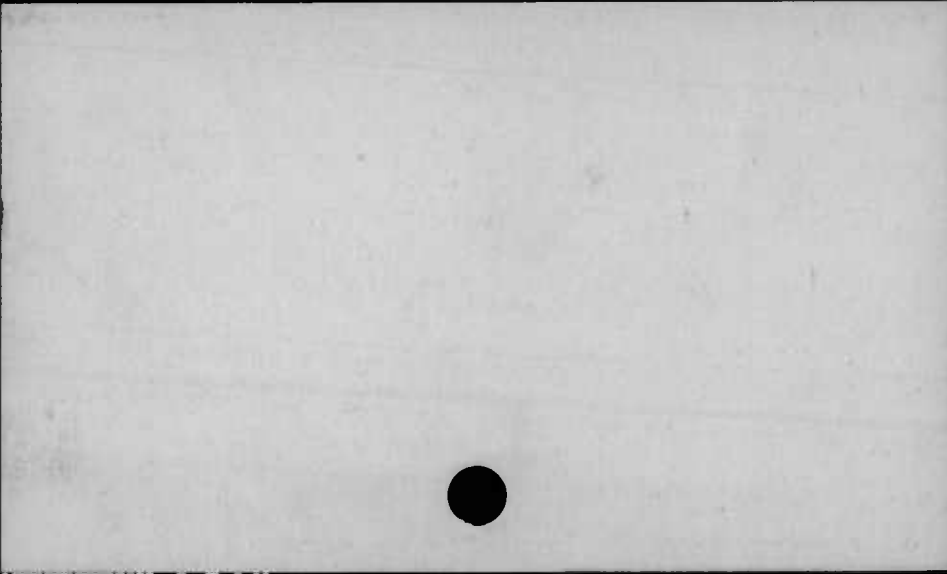
Father's Name James Morgan Mother's Maiden Name Hannah Frizzle

Cause of Death { Primary Hypertrophy Prostate Glands How long sick 30 months  
 Immediate General Exhaustion Accident, Suicide, Homicide

Reported by J. L. Worth & Son

Address West Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Franklin W Ponell

Died at <sup>Town</sup> near Glenwood <sup>County</sup> Harrow County MARYLAND

Date 1903 Aug 21 Age 6 Y. M. D. Native of ma Occupation Infant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 8

Husband of

Ida

Wife

Father's Name

Hill Ponell

Mother's Maiden Name

Ida Ponell

Cause of

Primary

Consumption

Death

Immediate

How long sick

From Infancy

Accident, Suicide, Homicide

Reported by

Hill Ponell  
Glenwood

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72893



Name in Full

Certificate of Death

Valentin Schlemm  
 Died at Guineford Harman County MARYLAND  
 Date 1903 Aug 2 Age 40.10.2 Germany Miner  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
 of

Father's  
 Name

Mother's  
 Name

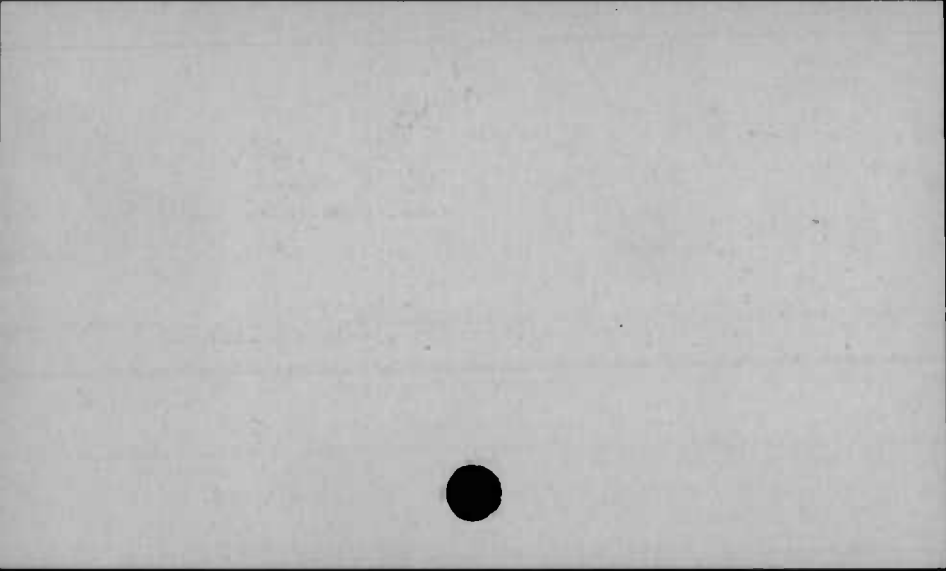
Cause of Death { Primary Typhoid How long sick 10 days  
 { Immediate Exhaustion 100  
Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000



Name

in  
Full

Joseph Allison Tracey

## CERTIFICATE OF DEATH

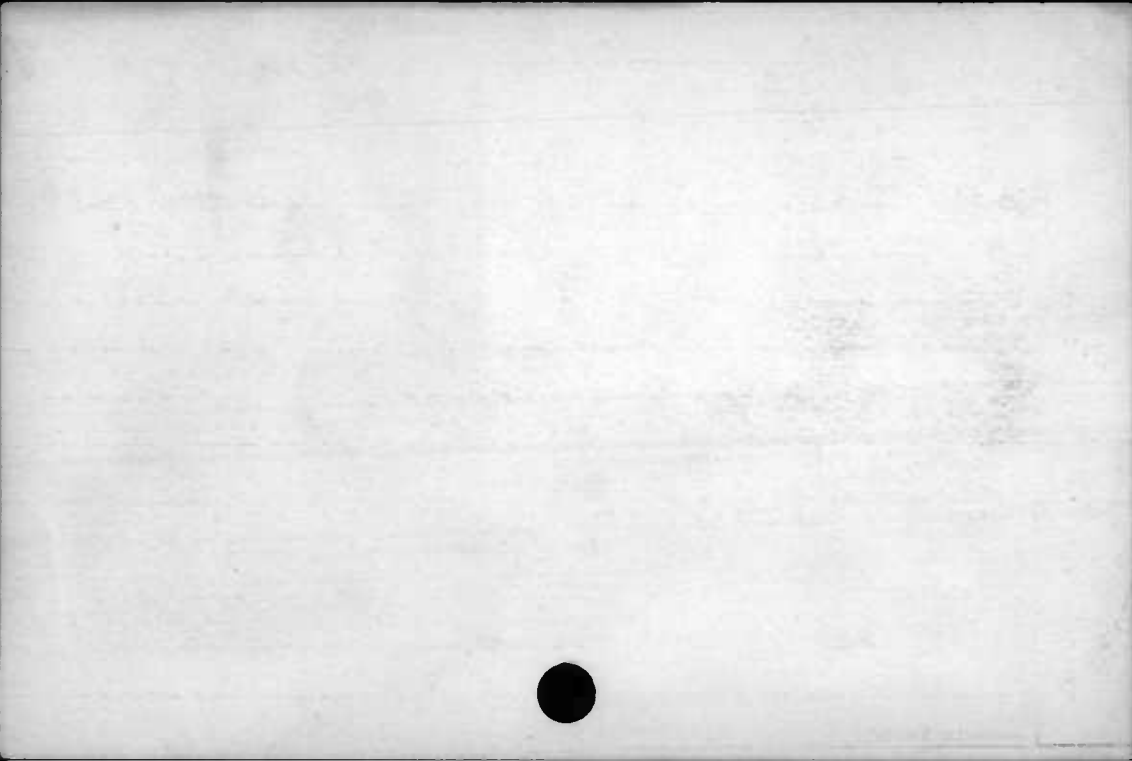
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Elk Ridge</b> <sup>Town</sup>		<b>Howard</b> <sup>County</sup>		MARYLAND	
Date of death 190 <b>3</b>	Month <b>Aug</b>	Day <b>10</b>	Years <b>26</b>	Months <b>—</b>	Days <b>—</b>
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Maryland</b>			
Married, Single or Widowed <b>Married</b>		Occupation <b>stenographer</b>			
Name of Wife or <del>Husband</del> <b>Leslie Tracey</b>					
Father's Name <b>James Tracey</b>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <b>Leslie Tracey</b>				How related to deceased <b>wife</b>	

## CAUSES OF DEATH

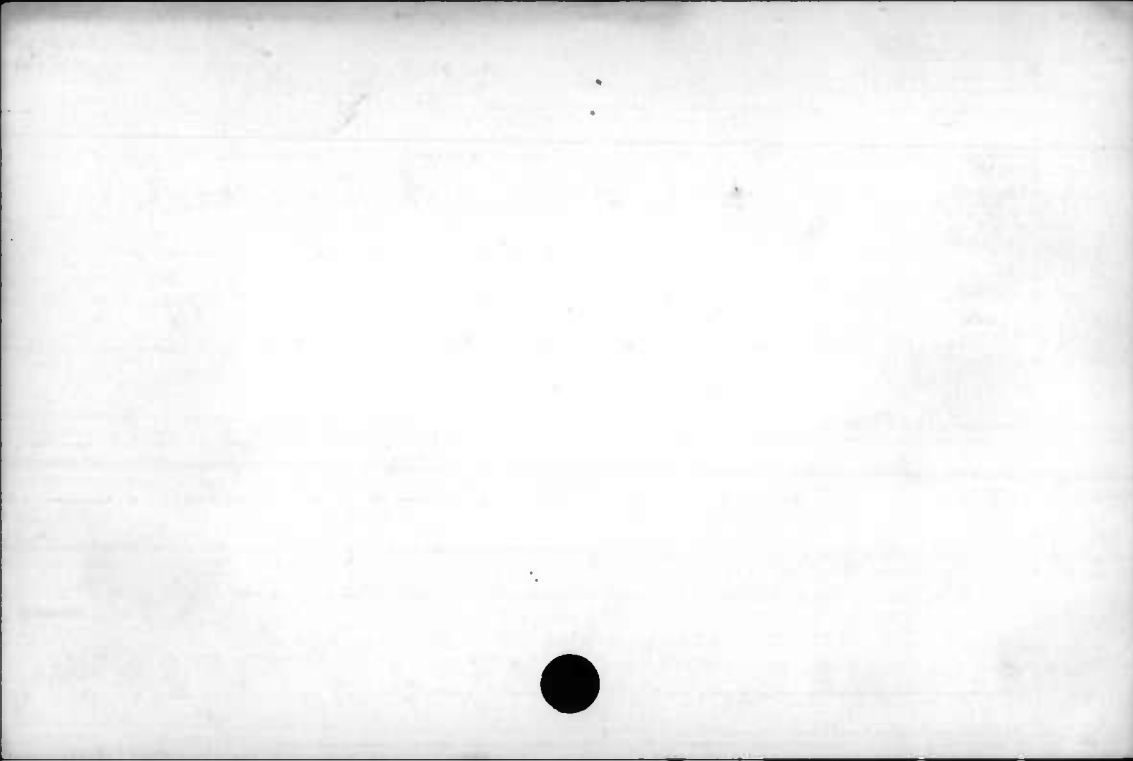
PHYSICIAN  
OR CORONER

Primary <b>Typhoid Fever</b>	How long <b>3 1/2 weeks</b>
Immediate <b>Typhoid Fever</b>	How long <b>" "</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Arthur Williams</b>
	Address <b>Elk Ridge Howard</b>
Accident or Suicide? <b>No</b>	<b>Howard</b>





Name in Full		Still born				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ellicott City		Howard		MARYLAND				
	Date of death 190	3	Month	Aug	Day	29	Age	Years	Months	Days
	Sex			Color or Race	Col.		Birth-place	Md		
	Married, Single or Widowed					Occupation				
	Name of Wife or Husband									
	Father's Name	Samuel Williams					Father's Birthplace	Md		
	Mother's Maiden Name	Agnes Wilkins					Mother's Birthplace	Md		
Name of person giving information	Samuel Williams					How related to deceased	Father			
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Still born - probably dead					How long	8		
	Immediate	2 weeks before birth					How long			
	Cause of death unknown									
	Are the name, age, sex, color, date and place correctly given above?					Yes.				
						Signature of Physician				
					Address					
					Ellicott City Md.					
Accident or Suicide										



Agnes Woods.

Died at <sup>Town</sup> Ellicott City <sup>County</sup> Harward MARYLAND

Date 189 103 <sup>Month</sup> Aug <sup>Day</sup> 22 <sup>Y.</sup> - <sup>M.</sup> 3 <sup>D.</sup> - <sup>Native of</sup> md <sup>Occupation</sup> —

☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced  
☐ Female ☐ Colored ☐ Single ☐ Widower ☒ Number of children living 2

Husband  
of

Wife  
Father's  
Name

Mother's  
Name

Jenny Woods

Cause of { <sup>Primary</sup> Cholera Infantum <sup>How long sick</sup> 5 days  
 Death { <sup>Immediate</sup> Cephalization 105 <sup>Accident, Suicide, Homicide</sup> X

Reported by

L. L. Jennings M.D.

Address

Ellicott City, Md.

